#### 2002

Form CN-ES

#### **Wisconsin Composite Estimated Tax Voucher**

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2002

ration	Due Date: April 15, 2002  AMOUNT OF PAYMENT  Please do not staple your payment to	\$ o this voucher.	
ration			
	Please do not staple your payment to	this voucher.	
	Make your check payable to and m	nail to:	
Zip Code	Wisconsin Department of Revenue P.O. Box 8912		
	Madison, WI 53708-8912		DC-046
	Zip Code	Zip Code Wisconsin Department of Revenue	Zip Code Wisconsin Department of Revenue P.O. Box 8912

2002

## **Wisconsin Composite Estimated Tax Voucher**

Form CN-ES

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2002

Federal Employer Identification Number			VOUCHER #2		
			Due Date: June 17, 2002		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue P.O. Box 8912		
			Madison, WI 53708-8912		

DC-046

2002

Form CN-ES

## **Wisconsin Composite Estimated Tax Voucher**

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2002

Federal Employer Identification Number			VOUCHER #3		
			Due Date: September 16, 2002		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
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#### 2002

Form CN-ES

# **Wisconsin Composite Estimated Tax Voucher**

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2002

Federal Employer Identification Number			VOUCHER #4		
			Due Date: January 16, 2003		
Name of Corporation, Partnership, or Tax-Option (S) Corporation			AMOUNT OF PAYMENT	\$	
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
City	State	Zip Code	Wisconsin Department of Revenue		
			P.O. Box 8912		
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DC-046

2002

# **Wisconsin Composite Estimated Tax Voucher**

Form CN-ES

For Nonresident Athletes, Directors, Partners, or Shareholders Using Form 1CNA, 1CND, 1CNP, or 1CNS for Calendar Year 2002

Federal Employer Identification Number			VOUCHER #5 – EXTENSION PAYMENT		
		Due Date: April 15, 2003			
Name of Corporation, Partnership, or Tax-Option (S) Corporation			\$		
Street Address			Please do not staple your payment to this voucher.		
			Make your check payable to and mail to:		
State	Zip Code	Wisconsin Department of Revenue P.O. Box 8912 Madison, WI 53708-8912			
		.,,	Due Date: April 15, 2003  AMOUNT OF PAYMENT  Please do not staple your payment to th  Make your check payable to and mail  Wisconsin Department of Revenue P.O. Box 8912		

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